

CITY COUNCIL REPORT



Meeting Date: February 3, 2015
General Plan Element: *Land Use*
General Plan Goal: *Support a diversity of businesses*

ACTION

Restaurant Liquor License Request for Copperleaf Gastro Lounge 138-LL-2014. To consider forwarding a recommendation of approval to the Arizona Department of Liquor Licenses and Control for a Series 12 (restaurant) State liquor license for an existing location and new owner.

OWNER

Copperleaf Restaurant LLC

APPLICANT CONTACT

Michael Todd Williams

LOCATION

4225 N Craftsman Court

BACKGROUND

This request is for a Series 12 (restaurant) liquor license. This has been a licensed location since 2009, most recently operating with liquor as Philadelphia Sandwich Co.

The zoning for this site is Downtown District/ Retail Specialty-Type One/Downtown Overlay (D/RS-1/DO), which allows restaurants. This establishment is 3,792 sq. ft.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Series 12 (restaurant) liquor license. This allows the holder of a restaurant license to sell and serve spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its total revenue from the sale of food. The applicant has indicated that this establishment will serve liquor between the hours of 6:00 a.m. to 2:00 a.m. Monday through Sunday; however, due to State liquor license

processing requirements, they are not required to notify the City or the State if they change their hours of operation. The applicant has indicated that this establishment will serve liquor between the hours of 11:00 a.m. to 1:00 a.m.; however, due to State liquor license processing requirements, they are not required to notify the City or the State if they change their hours of operation.

PETITIONS FROM PERSONS IN CLOSE PROXIMITY

The applicant has maintained the required posting notice for the State mandated 20-day period. No petitions or protests pursuant to A.R.S. 4-201.b. were received during the 20 (twenty) day posting period.

IMPACT ANALYSIS

Current Planning Department.

There will not be any significant changes to the floor plan.

A.R.S. Section 4-112.B.1 R19-1-310 Criteria for Restaurant Operations.

This owner intends to continue operating this location as a restaurant. Staff has assessed the applicant's responses to the State's Restaurant Operation Plan categories: Personnel, Equipment, Menu, Live Entertainment, Bar Games/Televisions, Name of Establishment, Bar Seating Area and Dinnerware. Staff finds that the establishment is designed and intended to operate as a restaurant. The bar service area is 284 sq. ft. (8%) of gross floor area, and the kitchen area is 957 sq. ft. (25%) of the gross floor area. The operational characteristics and floor plan qualify as a restaurant.

Parking. Parking will be provided on site and through a remote parking agreement.

Public Safety Division.

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time relevant to the liquor license.

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

A.R.S. Section 4-203.A Granting a License for a New Owner for a Certain Location.

A spirituous liquor license shall be issued only after satisfactory showing of the capability, qualifications and reliability of the applicant.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, denial or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, denial or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.

RESPONSIBLE DEPARTMENT(S)

Teri Gleason, Planning Assistant, tgleason@scottsdaleaz.gov
Planning and Development Services

James Wasson, Lieutenant, Special Assignment, jwasson@scottsdaleaz.gov
Public Safety Division

Raun Keagy, Neighborhood Planning Director, rkeagy@scottsdaleaz.gov
Planning and Development Services


APPROVED BY



Tim Curtis, AICP, Current Planning Director
480-312-4210, tcurtis@scottsdaleaz.gov

1/8/2015

Date



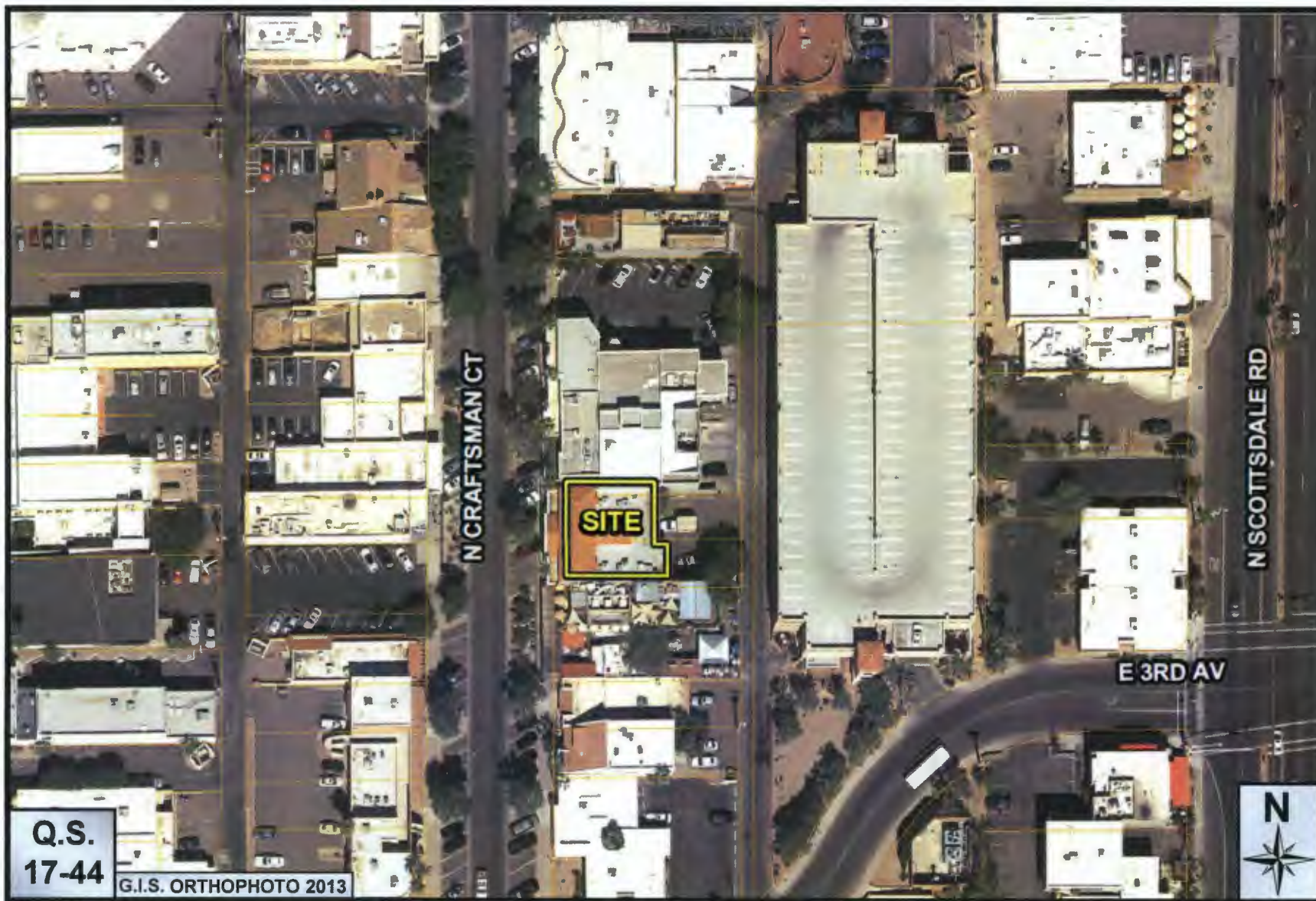
Randy Grant, Director
Planning and Development Services
480-312-2664, rgrant@scottsdaleaz.gov

1/9/15

Date

ATTACHMENTS

- #1: Aerial Map
- #2: Close-up Aerial Map
- #3: City of Scottsdale Applicant Questionnaire
- #4: State Application



Q.S.
17-44

G.I.S. ORTHOPHOTO 2013

138-LL-2014

Copperleaf Gastro Lounge

ATTACHMENT #1



ATTACHMENT #2.



Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Name of Business: Copperleaf Restaurant
 Business Address: 4225 N. Craftsman Court Scottsdale, AZ 85251
 Total Gross Square Footage of Establishment: 3792

Was liquor sold at this location prior to this application? ☒ Yes ☐ No

If yes, what type of license? _____

Is this business currently open? ☐ Yes ☒ No

If yes, is this business operating with an Interim license? ☐ Yes ☐ No

If no, what is the proposed opening date? Jan 25, 2015

Is this business under construction or being remodeled? ☒ Yes ☐ No

Does this business have an existing patio? ☐ Yes ☒ No Dimensions of patio _____

Does this business have a proposed patio? ☐ Yes ☒ No Dimensions of patio _____

For Restaurants, Bars and Restaurants/Bars:

Will the bar service area be in excess of 15% of the gross floor area? ☐ Yes* ☒ No

Gross square footage of bar service area: 294
(includes the floor area under indoor and outdoor bars and the floor area behind the bars used for storage, prep and serving of food or drinks)

Will the kitchen be less than 15% of the gross floor area? ☒ Yes* ☐ No

Gross square footage of kitchen: 957
(do not include refrigerators or areas used for storage of food or beverages)

During what hours will the establishment provide full kitchen service? 11am - 1am

During what hours will the establishment offer liquor sales? 11am - 1am

Will age verification be required/requested for admittance at any time during business operations? ☐ Yes* ☒ No

Is a cover charge required for admittance at any time during business operations? ☐ Yes* ☒ No

Will less than 40% of gross revenues be derived from the sale of prepared food? ☐ Yes* ☒ No

*May require a Conditional Use Permit

Please check one of the following that best describes the primary business operation:

☐ packaged retail ☒ restaurant ☐ bar ☐ personal service ☐ education service

☐ manufacturing ☐ hotel / tourist accommodation ☐ residential facility ☐ sports / theater

Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088



Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Will this business feature any of the following:

Patron Dancing? ☐ Yes* ☒ No
 Live Bands? ☐ Yes* ☒ No
 Amplified music? ☐ Yes* ☒ No
 Adult Entertainment? ☐ Yes* ☒ No
 After hours? ☐ Yes* ☒ No

Karaoke? ☐ Yes* ☒ No
 DJ? ☐ Yes* ☒ No
 Games? ☐ Yes* ☒ No
 Four or more pool tables? ☐ Yes* ☒ No

*May require a Conditional Use Permit

Applicant Narrative:

ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license.

1. I have the capability, qualifications and reliability to hold a liquor license because:

I have been in the restaurant bar industry for over 25 yrs. Held General manager positions with multi million dollar national chains - Hard Rock Cafe & Don Pablos. Vast knowledge and passion for the restaurant industry.

2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:

We would like to offer a full service dining experience for our groups as well as pairing our spirits with our food to create a dining and entertaining experience like no other. Good for dates, business meetings, families parties.

3. Please describe your business:

We will be a full service restaurant with a private room for parties as well

The City's forwarding of a recommendation to the AZ Department of Liquor Licenses and Control does not waive and is not a substitute for the Licensee's obligation to comply with all state, local and federal laws, policies and regulations applicable to the license. The Recommendation is not a permit or regulatory approval to hold any events or construct or demolish any improvements. Zoning processes, building permit processes, and similar regulatory requirements may apply to Licensee's contemplated improvements and are completely separate from the Recommendation. Licensee shall be responsible to, separate and apart from this Recommendation, directly obtain all necessary permits and approvals from any and all governmental or other entities including the City's having standing or jurisdiction over the subject areas. For more information regarding zoning processes, building permit processes, and similar regulatory requirements and approvals please call 480-312-2611.

Print Name: Todd Williams

Signature: Todd Williams

Date: 12/12/2014

Submit

Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
☐ INTERIM PERMIT *Complete Section 5*
☒ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
☐ INDIVIDUAL *Complete Section 6*
☐ PARTNERSHIP *Complete Section 6*
☐ CORPORATION *Complete Section 7*
☒ LIMITED LIABILITY CO. *Complete Section 7*
☐ CLUB *Complete Section 8*
☐ GOVERNMENT *Complete Section 10*
☐ TRUST *Complete Section 6*
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s):

1. Type of License(s): Restaurant #12

2. Total fees attached:

\$ 238⁰⁰ Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: ☒ Mr. Williams Michael Todd
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: Copperleaf Restaurant LLC P1035830
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Copperleaf Gastro Lounge B1042330
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 4225 N. Craftsman Court Scottsdale Maricopa 85251
(Do not use PO Box Number) City County Zip
5. Business Phone: 602-410-7571 Daytime Phone: 602-410-7571 Email: todpcl@hotmail.com
6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO
7. Mailing Address: 3143 E. Greenway Road, Suite 901, Phoenix, Arizona 85032
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type _____ \$ _____ Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: 100⁰⁰ Application 50⁰⁰ Interim Permit 88⁰⁰ Site Inspection 238⁰⁰ Finger Prints \$ 238⁰⁰
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: CS Date: 12/16/14 Lic. # 1207A118

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of _____ County of _____

X _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- ☐ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.
☒ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: Copperleaf Restaurant LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 12/2/14 State where Incorporated/Organized: AZ
3. AZ Corporation Commission File No.: 357 Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: L-1968316-8 Date authorized to do business in AZ: 12/04/2014
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip
See Attached							

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip
See Attached							

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

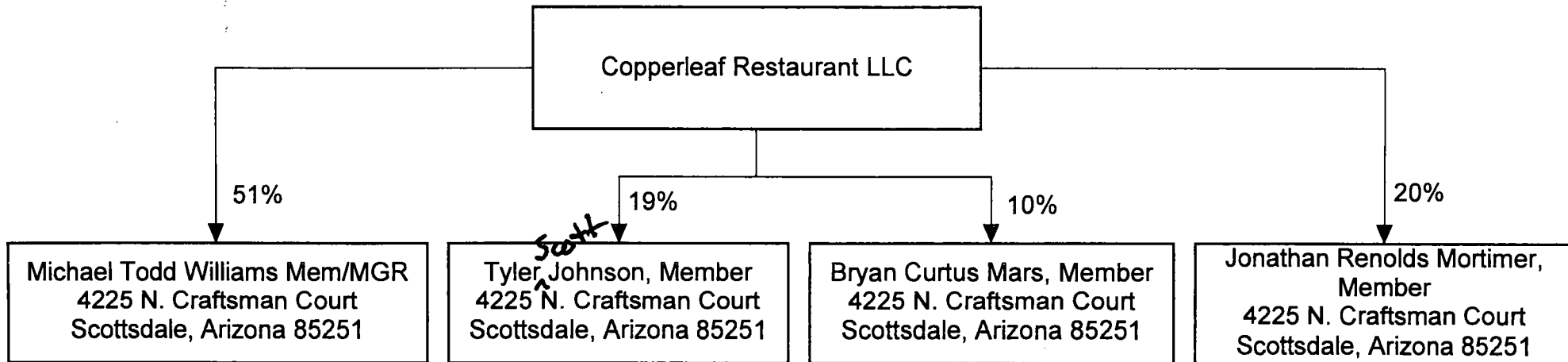
EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? ☐ YES ☐ NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Ownership of Liquor Licensed Business



There is no person or entity that owns 10% or more of business other than what is shown here.

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SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
City, State, Zip _____
5. License Type: _____ License Number: _____
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: _____
(Other than business) Street _____
City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.
I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 5280+ ft. Name of school Our Lady of Perpetual Help Elementary School
Address 3801 N. Miller Road, Scottsdale, Arizona 85251
City, State, Zip

2. Distance to nearest church: 5280+ ft. Name of church Scottsdale United Methodist
Address 6335 E. Cactus Wren Road, Paradise Valley, Arizona 85251
City, State, Zip

3. I am the: ☐ Lessee ☒ Sublessee ☐ Owner ☐ Purchaser (of premises)

4. If the premises is leased give lessors: Name Put A Cork In It Events, LLC
Address 16026 N. 36th Street, Phoenix, Arizona 85032
City, State, Zip

4a. Monthly rental/lease rate \$ 5700 What is the remaining length of the lease 3 yrs. 0 mos.

4b. What is the penalty if the lease is not fulfilled? \$ _____ or other Lockout
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? \$ None
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Restaurant and Catering

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SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:
License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☒ NO
If yes, give the name of licensee, Agent or a company name:

Last First Middle and license #: _____
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☒ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

* SPA Michael Todd Williams

[Signature]
applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

* *[Initials]*
applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
☒ Entrances/Exits ☒ Liquor storage areas Patio: ☐ Contiguous
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☒ YES ☐ NO
If yes, what is your estimated opening date? February 1 2015
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

* *[Initials]*
applicants initials

SPECIAL POWER OF ATTORNEY

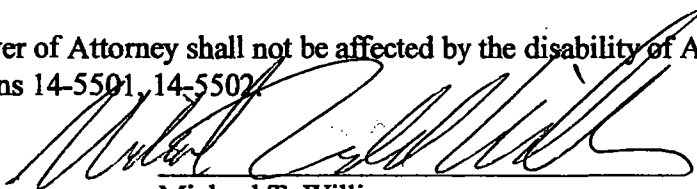
KNOW ALL MEN BY THESE PRESENTS:

That I, Michael T. Williams, residing at 16026 N. 36th St. Phoenix, Arizona 85032 ("Agent and/or Principal") do hereby make, constitute and appoint Peter H. Schelstraete, Attorney at Law with his office at Two Renaissance Square, 40 North Central, Suite 1400, Phoenix, Arizona 85004 as my true and lawful Attorney-In-Fact, for me and in my name, place and stead, and for my use, behalf and benefit to perform the following acts and things:

To make, execute and deliver any and all applications, forms or documents necessary in connection with matters in any way relating to the sale, transfer, file as inactive, purchase, apply for, amend, renew, premises extension or general maintenance of any Liquor License or Legal Entity in the State of Arizona on behalf of myself or as a corporate officer, member, director, partner or owner, as I might be required to sign.

Agent and Principal gives and grants to Attorney-In-Fact full power to do and perform all and every act and thing whatsoever requisite and necessary to be done as fully to all intents and purposes as Agent and Principal might or could do if personally present. Agent and Principal ratifies and confirms all that Attorney-In-Fact shall lawfully do or cause to be done by virtue of this Special Power of Attorney.

This Special Power of Attorney shall not be affected by the disability of Agent and Principal. A.R.S. Sections 14-5501, 14-5502




Michael T. Williams

STATE OF ARIZONA)
) ss.
County of Maricopa)

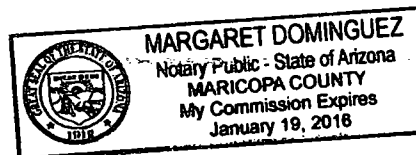
On this 5th day of December 2014, before me, the undersigned Notary Public, personally appeared Michael T. Williams, known to me (or satisfactorily proven) to be the person whose name is described to the foregoing instrument, and acknowledged that he executed the same for the purposes therein contained.

IN WITNESS HEREOF, I hereunto set my hand and official seal.


Notary Public

My Commission Expires:

1/19/2016



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SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

Diagram Attached

14 DEC 16 11:41 AM '14

SECTION 16 Signature Block

I, Michael Todd Williams, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X *Michael Todd Williams*
(signature of applicant listed in Section 4, Question 1)

SPM Michael Todd Williams

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this

12 Day of DECEMBER, 2014
Month Year

My commission expires on : 1 JUNE 2017
Day Month Year

Robert Jon Bedient
signature of Notary Public



SPECIAL POWER OF ATTORNEY

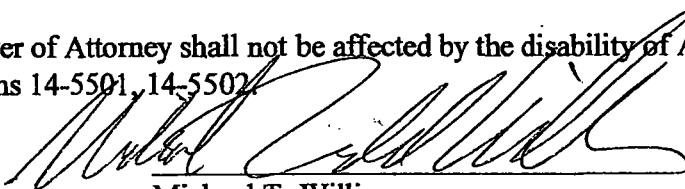
KNOW ALL MEN BY THESE PRESENTS:

That I, Michael T. Williams, residing at 16026 N. 36th St. Phoenix, Arizona 85032 ("Agent and/or Principal") do hereby ~~make, constitute and appoint~~ Peter H. Schelstraete, Attorney at Law with his office at Two Renaissance Square, 40 North Central, Suite 1400, Phoenix, Arizona 85004 as my true and lawful Attorney-In-Fact, for me and in my name, place and stead, and for my use, behalf and benefit to perform the following acts and things:

To make, execute and deliver any an all applications, forms or documents necessary in connection with matters in any way relating to the sale, transfer, file as inactive, purchase, apply for, amend, renew, premises extension or general maintenance of any Liquor License or Legal Entity in the State of Arizona on behalf of myself or as a corporate officer, member, director, partner or owner, as I might be required to sign.

Agent and Principal gives and grants to Attorney-In-Fact full power to do and perform all and every act and thing whatsoever requisite and necessary to be done as fully to all intents and purposes as Agent and Principal might or could do if personally present. Agent and Principal ratifies and confirms all that Attorney-In-Fact shall lawfully do or cause to be done by virtue of this Special Power of Attorney.

This Special Power of Attorney shall not be affected by the disability of Agent and Principal. A.R.S. Sections 14-5501, 14-5502.

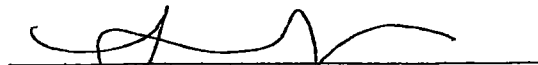


Michael T. Williams

STATE OF ARIZONA)
) ss.
County of Maricopa)

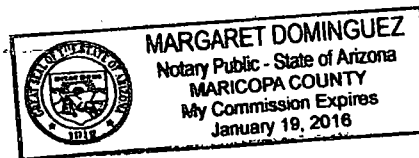
On this 5th day of December 2014, before me, the undersigned Notary Public, personally appeared Michael T. Williams, known to me (or satisfactorily proven) to be the person whose name is described to the foregoing instrument, and acknowledged that he executed the same for the purposes therein contained.

IN WITNESS HEREOF, I hereunto set my hand and official seal.


Notary Public

My Commission Expires:

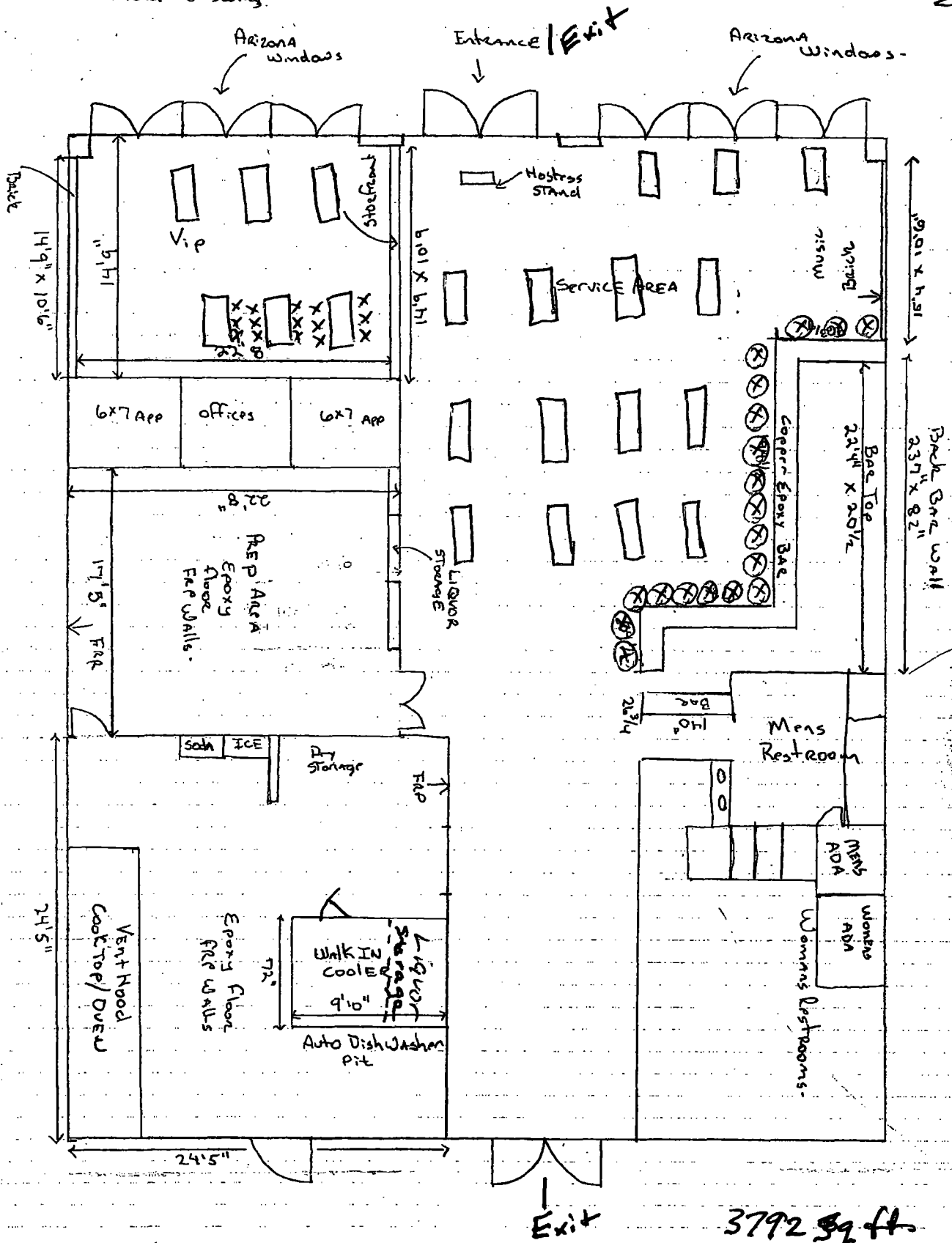
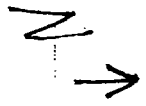
1/19/2016



74 DEC 16 11:47 AM '14

NOTE! Windows
ARE
Bi fold not swing.

Copperleaf Gastro Lounge



NOTE! NOT TO SCALE

3792 sq ft

Back Lot
Parking

14 DEC 16 1997, LIC. PM 3:00

COPPERLEAF GASTRO DINING

Bruschetta 8~

4 slices of toasted ciabatta with your choice of:

*Brie & Apples with Fig Spread
Fresh Mozzarella, Tomato & Basil
Warm Artichoke Spread
Tomato Jam & Chevre
Burrata, Bacon, Arugula & Tomato
Smoked Salmon with Pesto*

Hazelnut Crusted Brie 10~

Imported French Brie Crusted with Crisp, Golden Brown Oregon Hazelnuts served with Spiced Apple and Lingonberry Chutney and Garlic Toast Points

Soups and Salads

Tomato Basil Soup/Du Jour Cup 3~ Bowl 5~
Organic fire roasted tomatoes, fresh basil

Soup and Salad 8~

House tomato basil soup, organic greens with choice of dressing, Demi Baguette

Organic Greens Salad 6~

Baby Lettuces, tomato, carrot, cucumber, Avocado with choice of dressing

*Dressings: Chipotle Ranch, Red Wine Vinaigrette,
Bleu Cheese, Balsamic Vinaigrette*

Caesar Salad 7~

Romaine heart with lemon and anchovy dressing, croutons, tomato. Available chopped upon request

Spinach Salad 6~

Spinach, fresh strawberries, candied walnuts, bleu cheese, tomato, cucumber

Caprese Salad 9~

Vine ripened tomatoes, basil leaf, fresh mozzarella, balsamic glaze, extra virgin olive oil

Add to any Salad:

*Organic Grilled Chicken. 5~

*Grilled Salmon 7~

*Seared Ahi Tuna 8~

On A Bun

Gastro Burger 10~

Organic Angus Beef, Cheddar, Tomato, Lettuce, Onion on a Brioche Bun with Hand Cut Fries

Heritage Farms Turkey 9~

Cage Free Organic Thin Sliced Turkey, Tomato, Lettuce and Avocado in a Wheat Wrap with Vegetable Slaw

Chicken and Brie Baguette 10~

Roasted Range Chicken, Imported Brie, Spiced Apple and Lingonberry Chutney

Grilled Organic Vegetable Melt 9~

Zucchini, Bermuda Onion, Bell Pepper, Mozzarella, Basil

Family Meal of the Week

Feeds 4

Whole Roasted Chicken 30~

Organic Range Chicken with Thyme, Rosemary, Stuffing, Garlic Whipped Potatoes, Grilled Seasonal Vegetables, Herbed Tomato Gravy

Big Plates

Caged Salmon 16~

Golden Russet Potato Crust, Vegetable Stew with Capers and Fresh Dill

Grass Fed Flat Iron Steak 17~

Fricassee of Yukon Gold Potatoes, Wild Mushrooms and Winter Squash

Sweet Chili Pork 16~

Tender braised shoulder, Thai Chiles, Chinoix Pancake, Steamed Broccolini with Ginger

Idaho Lamb Shank 18~

Cabernet Braised, Natural Jus, Roasted French Fingering Potatoes, Heirloom Tomato Jam

Pasta of the Day market~

Chefs whim based on the very best meats, seafood's and

**For your convenience Elevate Grill will serve grilled meat, fish & eggs to order. Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illnesses especially if you have certain medical conditions.*

14 DEC 16 11:47 AM 2018